

# ***Fetal Alcohol Syndrome***

When a pregnant woman drinks, the alcohol can harm her baby. Experts have linked many serious birth defects to alcohol consumption during pregnancy. Children with fetal alcohol syndrome or fetal alcohol effects will need lifelong support and special services throughout their educational years.

## **What is Fetal Alcohol Syndrome?**

The term *fetal alcohol syndrome* was coined in 1973 to encompass a pattern of birth defects found in children born to mothers who consumed alcohol during pregnancy. Originally, doctors thought that malnutrition while in the womb caused the defects. However, studies of women who were not alcoholics but were malnourished during pregnancy showed that the pattern of malformations was not the same. Therefore, researchers deduced that the abnormalities were a result of the alcohol's toxicity to the fetus.

Currently, there are two degrees of damage that can result from a pregnant mother's drinking. The first, and more severe, is fetal alcohol syndrome (FAS). This is characterized by the National Council on Alcoholism as "evidence of abnormalities in three specific areas: growth, central nervous system functions and facial characteristics." The second and less severe form is fetal alcohol effects (FAE), which is characterized by milder versions of the same defects as FAS.

## **Typical Symptoms**

Children with FAS typically exhibit some or all of the following symptoms:

- Low birth weight and a reduced physical growth throughout their lives;
- Central nervous system defects;
- Mental retardation;
- Sleep disturbances;
- Developmental delays;
- Short attention span;
- Symptoms of alcohol withdrawal at birth;
- Learning disabilities;
- Physical abnormalities;
- Bone, muscle and joint problems;
- Heart, kidney and genital defects;
- Facial abnormalities;
- Small head size;
- Low nasal ridge (bridge of the nose);
- Loss of groove between nose and lip;
- Flattened mid-face; and
- Narrow eye slits.

## **Raising a Child with Fetal Alcohol Syndrome**

Parents, foster parents and teachers report numerous difficulties tied to FAS. These include a tendency to continually display risky behavior due to very poor judgment, significant delays in toilet training, frequent medical problems and poor sleep patterns. These children can easily exhaust their caregivers with their impulsivity. Because they have such poor judgment, reasoning and memory skills, the usual parental attempts at discipline can have little effect. For example, the time it takes them to recover from being reprimanded by a parent or teacher is much faster than for other children. Because some children with FAS have normal IQs, their disabilities may be overlooked. As they grow, these children often display

manipulative behaviors and a very poor sense of whom they should or should not trust. This makes them very susceptible to antisocial behaviors, including substance abuse and delinquency.

While the overall picture for children born with FAS is very challenging, it is important to remember that this is the only form of mental retardation that is 100 percent preventable. Although some sources suggest that women may drink moderately during pregnancy, in fact all drinks containing alcohol can hurt an unborn baby. A study showed varying levels of FAS traits in infants born to mothers who reported their alcohol use as moderate. There is no safe amount that a woman can drink at any time during the pregnancy. Any time a pregnant woman engages in drinking, she puts her unborn child at risk for growth deficiencies, learning disabilities and behavioral problems. The more a pregnant woman drinks, the greater the risk and the more serious the potential abnormalities.

### **Foster and Adoptive Parents**

Because the mothers of children with FAE or FAS are very often alcoholic and because these children exhibit such difficult behaviors, it is not uncommon for them to be placed in foster care or adoptive homes. For foster parents or those in open adoption settings, dealing with alcoholic parents who also may have FAS adds another layer of complexity to the parenting of FAS children.

It is very important for prospective foster or adoptive parents to understand the complexities and frustrations related to parenting these children. For this reason, prospective parents should be aware of the alcohol and drug history of the child's parents. The more prepared a parent is for a child with FAS, the more likely it is that he or she can access special services and the match can be successful.

While FAS is untreatable and permanent, early diagnosis can allow a child with FAS to receive services that help maximize his or her potential. Early intervention, before the child enters school, is key to improving the lives of children with FAS or FAE. These children likely will need special services throughout their school careers. Parents or foster parents of children who may have this syndrome should contact their school system's department of special education to learn about early-intervention programs. Because FAS is a disability, children with this syndrome are entitled to free educational services geared toward maximizing their potential. Your state's department of social services also may offer programs for children with FAS.

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